



FERMI NATIONAL ACCELERATOR LABORATORY
Monthly Leave Usage

ID :
Mail To:

Paygroup:
Pay End Date:

Dept: MS:

22	23	24	25	26
27	28	29	30	31

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

Please indicate the leave usage as follows:

V - Vacation	M - Military Duty	J - Jury Duty
S - Sick Leave	F - Floating Holiday	D - Death in Family
L - Leave Without Pay		

LABOR DISTRIBUTION					
Project		Task			Pct
a u c s c e o u n o t n i l n y g	RGS				
	VAS				
	SKS				
	JRS				
	FLS				
	DFS				

I hereby certify that the time reported above represents a true statement	EMPLOYEE SIGNATURE	Date: / /
Approver ID	AUTHORIZED SIGNATURE	Date: / /
Comments:		

This is a legal document. There should be no erasures or whiteouts. This form must be completed in ink.
Note: The charge code data on this time sheet is subject to revision by completion of an effort report reflecting (on an annual basis) the actual effort distribution for the time worked during this time period.